

NOTICE OF CIVIL PENALTIES DUE
☐ Initial Invoice ☐ Final Notice
INVOICE NO. _____**DISTRICT OR COUNTY OFFICE NUMBER** _____

FACILITY NAME		
FACILITY ADDRESS		
CITY	STATE	ZIP CODE

FISCAL YEAR	DATE LIC 422 SENT
FACILITY TYPE	PENALTY PCA CODE

LICENSEE(S) OR UNLICENSED FACILITY OPERATOR		
ADDRESS		
CITY	STATE	ZIP CODE

FACILITY NUMBER

SUPERVISOR APPROVAL	DATE
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The California Health and Safety Code, Sections 1548, 1568.0822, 1569.49, 1596.99, and 1597.62 provides for the imposition of civil penalties against any facility which fails to take corrective action within prescribed time periods.

The California Health and Safety Code, Sections 1547, 1568.0821, 1569.485, 1596.89, 1596.891 and 1597.61 provides for the imposition of civil penalties against any *unlicensed* facility which fails to take corrective action within prescribed time periods.

The California Health and Safety Code, Sections 1522, 1568.09, 1569.17, 1596.871, and 1596.8712 provides for the imposition of immediate civil penalties against any facility which fails to comply with fingerprinting or other criminal background requirements.

Your facility has been found in violation of Community Care Licensing statutes and regulations.

Failure to correct the deficiency(ies) cited on the Licensing Report (LIC 809 or LIC 9099) dated _____ has resulted in the following civil penalty assessment of:

Penalty Amount Due _____

Less Payment(s) Received _____

BALANCE DUE. _____

Send the enclosed copy of this notice and your payment to the address shown below within **10 days**. **MAKE CHECKS PAYABLE TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES**. Please write your invoice and facility number(s) on your check.

FAILURE TO PAY CIVIL PENALTY MAY RESULT IN ANY OR ALL OF THE FOLLOWING:

- **SMALL CLAIMS COURT ACTION**
- **LICENSE DENIAL, SUSPENSION, OR REVOCATION**
- **SEIZURE OF PERSONAL INCOME TAX REFUNDS**